

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044718
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10817**

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS, MO.**
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. # 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.**
b. COUNTY
c. CITY OR TOWN **St. Louis**
d. STREET ADDRESS (If outside, give location)
6048 Hancock

3. NAME OF DECEASED
(Type or print) First Middle Last
Marshall Peters

4. DATE OF DEATH
Month Day Year
11 7 1962

5. SEX **M**
6. COLOR OR RACE **W**
7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH **3/31/90**
9. AGE (last birthday) **72**
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired

11. BIRTHPLACE (City and state or country)
Stealville, Mo.
12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
William Peters

13b. MOTHER'S MAIDEN NAME
Mary Davis
14. NAME OF HUSBAND OR WIFE
-0-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
yes ww 1

16. SOCIAL SECURITY NO. **?**
17. INFORMANT
Regina Farquar, 6048 Hancock

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Broncho pneumonia**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **491x**
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **10-22-62** to **11-7-62** and last saw her/him alive on **11-7-62**
Death occurred at **10:40 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
John McDonough M.D.

22b. ADDRESS **1515 Lafayette Ave.**
22c. DATE SIGNED **11-8-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
11/13/62

23c. NAME OF CEMETERY OR CREMATORY
National

23d. LOCATION (City, town, or county) (State)
Jeff. Brks. Mo.

24. FUNERAL DIRECTOR
Rowland-Ogden, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG. **11-13-1962**
26. REGISTRAR'S SIGNATURE
Lead Smith. M.D.

MCDONOUGH
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Phillip H. Ogden

Licensed Embalmer No. 5170

P.O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.